

# Addendum to State of Indiana Certificate of Coverage

This is an Addendum to Your Certificate of Coverage, which is a summary of Your vision coverage from Spectera Vision, Inc., called Spectera. This Addendum amends Your Certificate of Coverage with regard to coordination of benefits so that it complies with Indiana law. This Addendum is intended to be fully consistent with 760 IAC 1-38.1.

Your vision plan under Spectera Vision, Inc. ("Spectera") provides coordination of benefits for all persons who receive vision benefits through the State of Indiana Employee Benefit plan. **YOU WILL NOT RECEIVE COORDINATION OF BENEFITS FROM SPECTERA, EXCEPT AS STATED IN THIS ADDENDUM TO YOUR CERTIFICATE OF COVERAGE AND THE GROUP AGREEMENT.**

## I. What is Coordination of Benefits?

It is common for family members to be covered by more than one health care plan. This happens, for example, when a husband and wife both work and choose to have family coverage through both employers.

When You are covered by more than one health care plan, state law permits Your plans to follow a procedure called "coordination of benefits" to determine how much each should pay when You have a claim. The aim is to make sure that the combined payments of all plans do not add up to more than Your covered health care expenses.

For Your purposes, Spectera will coordinate benefits with Your other health care plan(s), as applicable, that provide vision care benefits. To make sure You receive the full benefit or coordination if you are covered by more than one health plan, You should submit all claims to each of Your plans.

## II. Is Spectera Primary or Secondary?

You must tell Spectera that You have another plan, provide the name of that other plan, and any contact information. Additional information may be requested to determine which plan is "primary" or "secondary." The primary plan always pays first. In this discussion of the rules for determining whether a plan is primary or secondary, "You" or "Your" always means the employee through whom Spectera's vision benefit is obtained.

### A. When Spectera Is Primary

If You or a family member are covered under more than one plan, Spectera will be primary when;

(1) The claim is for **Your own vision care expenses, unless** You are covered by Medicare and both You and Your spouse are retired;

(2) The claim is for vision care expenses for Your spouse, who is covered by Medicare, if You are not both retired;

(3) The claim is for the vision care expenses of a child covered by this plan;  
and

(a) Your birthday is earlier in the year than Your spouse's. This is known as the "birthday rule"; or

(b) You are not married and You have informed Spectera of a court decree that makes You responsible for the child's health care expenses; or

(c) There is no court decree, but You or Your spouse have custody of the child.

(d) If both parents have the same birthday, the plan that has covered either of the parents longer is longer is primary.

(e) If the other plan does not have the "the birthday rule" and uses the gender of the parent to determine who is primary, than the gender rule will be used.

(4) Any plan that covers You, Your spouse or Your child(ren) where the policyholder is covered as an active employee is primary over any plan that covers You, Your spouse or Your child(ren) where the policyholder is covered as laid off or retired employee.

(5) Payment of Claims - When Spectera is the primary plan, Spectera will pay the benefits provided by Your contract, just as if You had no other coverage.

#### **B. When Spectera Is Secondary**

(1) Spectera is secondary whenever the rules, as stated above, or as otherwise required by state or federal law or regulation, do not require Spectera to be primary.

(2) Payment of Claims -

(a) When Spectera is the secondary plan, Spectera does not pay until after the primary plan has paid its benefits. Spectera will then pay part or all of the allowable expenses left unpaid. An "allowable expense" is an expense for a health care service or an expense covered by one of the plans. An allowable expense includes co-payments and deductibles.

(b) If there is a difference between the amount the plans allow, Spectera will pay based on the higher amount. However, if the primary plan has a contract with the provider, our combined payments will not be more than the amount stated in the provider contract. Health maintenance organizations (HMO) and preferred provider organizations (PPO) usually have contracts with their providers. Any amount higher than the usual and customary fees

or the amount negotiated with the provider is not an allowable amount.

- (c) Spectera will not pay an amount the primary plan didn't cover because You didn't follow its rules and procedures. For example, if Your plan has reduced its benefit because You did not obtain pre-certification, Spectera will not pay the amount of the reduction, because it is not an allowable expense.

#### **C) When There Is Dual Coverage in Spectera's Plan**

In the event of dual family coverage in Spectera's program, the patient would be eligible for services under the plan that covers the patient as an employee, as well as under the plan that covers the patient as a spouse. If the patient is a dependent child, and is covered under both of the parents' Spectera plans, they would be eligible to receive services under both plans. In such case, the "birthday rule" would be used to determine which parent's plan is primary unless as otherwise stated above.

#### **D) When You Have More Than One Secondary Plan**

In the event the patient is covered by more than one secondary plan, the order of benefit determination rules, as set forth above, decide the order in which the benefits are determined in relation to each other. The benefits of each secondary plan may take into consideration the benefits of the primary plan or plan and the benefits of any other plan which has its benefits determined before those of the secondary plan.

### **III. Plan(s) Right to Receive and Release Information**

In order to coordinate benefits, Spectera, and any other plan coordinating benefits, may get the facts needed from, or give them to, other plans or persons for the purpose of (i) applying the State of Indiana's coordination of benefit rules and (ii) determining benefits payable under the plan or other plans covering the person claiming benefits. The plan(s) need not tell, or get the consent of, any person to do this. To claim benefits under this plan, You must give each plan coordinating benefits any facts it needs to apply those rules and determine benefits payable.

### **IV. Plan(s) Right of Recovery**

If the amount of the payments made by Spectera, or any plan coordinating benefits, is more than it should have paid under the COB provision, Spectera, or that plan, may recover the excess from one or more of the persons it has paid or for whom it has paid; or any other person, organization, or plan that may be responsible for the benefits or services provided for the covered person. The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

A payment made under another plan may include an amount that should have been paid under this plan. If it does, Spectera may pay that amount to the plan that made

that payment. That amount will then be treated as though it were a benefit paid under this plan and Spectera will not have to pay that amount again.

***Remember, to make sure You receive the full benefit or coordination if You are covered by more than one health plan, You should submit all claims to each of Your plans.***